

DEPARTMENT OF TRANSPORTATION
TOWING DIVISION

Fax 410-485-9242

TOWING DIVISION
6700 PULASKI HIGHWAY
BALTIMORE MD 21237

Property # _____

I, _____ hereby authorize
the *Registered Owner*

Department of Transportation, Towing Section, to release my vehicle

Make #	Model	Year	Vehicle identification #
-----------	-------	------	-----------------------------

to the custody of _____
Full Name

Registered Owner(Signature):

Date

NOTARY PUBLIC & SEAL

**A RECENT PHOTO ID OF THE OWNER MUST ACCOMPANY THIS FORM.
PLEASE PROVIDE ONE OF THE FOLLOWING: DRIVERS LICENSE,
PASSPORT, STATE OR MILITARY ID, WORK ID.**